MOTHERISK *UPDATE*

Discontinuing antidepressants and benzodiazepines upon becoming pregnant

Beware of the risks of abrupt discontinuation

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abstract

QUESTION Two of my patients are planning to become pregnant. One is taking paroxetine and the other lorazepam. We have discussed what to do when they become pregnant and have decided they should stop taking these drugs as soon as pregnancy is confirmed. Is this the right decision?

ANSWER The decision to discontinue these drugs during pregnancy should be based on scientific evidence rather than "hearsay" that women should not take psychotropic medications during pregnancy. Recent epidemiologic studies have documented the relative safety of these drugs, so women should not feel compelled to stop taking them when they become pregnant. If, after receiving appropriate evidence-based information, a woman decides to stop taking the drugs, they should be gradually tapered off to avoid abrupt discontinuation syndrome.

résumé

QUESTION Deux de mes patientes envisagent devenir enceintes. L'une d'entre elles prend de la paroxétine et l'autre du lorazépame. Nous avons discuté de ce qu'il faudrait faire à cet égard lorsqu'elles seront enceintes et nous avons décidé qu'elles devraient cesser la médication une fois la grossesse confirmée. Est-ce là la bonne décision?

RÉPONSE La décision de discontinuer cette pharmacothérapie devrait se fonder sur des données probantes scientifiques plutôt que sur des «rumeurs» à l'effet que les femmes ne devraient pas prendre de médicaments psychotropes durant la grossesse. De récentes études épidémiologiques ont documenté l'innocuité relative de ces médicaments. Les femmes ne devraient donc pas se sentir obligées d'en cesser l'usage lorsqu'elles deviennent enceintes. Si, une fois qu'on lui a présenté les renseignements appropriés fondés sur des données probantes, une femme décide d'arrêter la médication, il faudrait le faire graduellement pour éviter un syndrome de sevrage brusque.

Depression and anxiety disorders are common among women of childbearing age, and these women are often prescribed antidepressants and benzodiazepines. Although many of these drugs have been found not to be teratogenic,[1-4] fear of taking them during pregnancy persists. For some reason, more fear appears to surround use of psychotropic drugs than surrounds other types of medication, probably because the illnesses for which they are prescribed even today still carry a certain stigma. We were able to illustrate this in a recent report on the safety of echinacea during pregnancy where 94% of the women in the study perceived the herb to be safe for use during pregnancy even though not a single study attested to its safety.[5]

Sudden discontinuation of antidepressants can cause patients to experience discontinuation symptoms or re-emergence of the primary psychiatric disorder.[6] (The term "discontinuation" is preferred over "withdrawal" because withdrawal implies addiction or dependence.) Antidepressants have an extremely low risk of abuse; they are not considered addictive agents.[7] Symptoms of discontinuation can include general somatic, gastrointestinal, affective, and sleep disturbances that tend to occur abruptly within days to weeks of stopping or reducing the dose. Re-emergence of depression occurs more gradually.[8] Reinstitution of antidepressants mitigates the symptoms of discontinuation within a day, but it might take several weeks for a beneficial effect on depression to be felt.[9]

Do you have questions about the safety of drugs, chemicals, radiation, or infections in women who are pregnant or breastfeeding? We invite you to submit them to the Motherisk Program by fax at (416) 813-7562; they will be addressed in future Motherisk Updates. Published Motherisk Updates are available on the College of Family Physicians of Canada website (www.cfpc.ca). Some articles are published in *The Motherisk Newsletter* and on the Motherisk website (www.motherisk.org) also.

Motherisk questions are prepared by the **Motherisk Team** *at the Hospital for Sick Children in Toronto.* **Ms Einarson** *and* **Dr Selby** *are members and* **Dr Koren** *is Director of the Motherisk Team.*

Although benzodiazepines can be abused, most patients do not abuse them.[10] Benzodiazepine dependence is well documented, however, and is characterized by loss of control over use of the drug, escalation of the dose, and much time spent acquiring and using the drug or recovering from its effects.[11] Patients physically dependent on benzodiazepines, whether they meet DSM-IV criteria for "abuse" or "dependence," might experience symptoms following abrupt discontinuation.[12] Symptoms can last for weeks or months and can occur when even therapeutic doses are stopped suddenly. Patients report excessive anxiety, palpitations, insomnia, labile mood, and restlessness and can suffer from perceptual disturbances, primarily of vision and hearing. Seizures, psychosis, and delirium can also occur.[13,14]

We recently published a study documenting the adverse effects of 36 women who called the Motherisk Program after abruptly discontinuing either antidepressants or benzodiazepines (28 had discontinued the medications on the advice of their physicians). Before becoming pregnant, these women had been functioning well with their depression well controlled. They stopped the medication only because they feared it would harm their babies. All the women suffered abrupt discontinuation syndrome; 11 subsequently reported suicidal thoughts; and four were later hospitalized. One of the remaining women had a therapeutic abortion, and one substituted alcohol for a benzodiazepine. After Motherisk's reassuring counseling, two thirds restarted their medication within several days. All babies born to mothers who restarted medication were normal and healthy.[15] Physicians should ensure that pregnant women with psychiatric disorders receive evidence-based information that balances the benefits of treatment against unproven adverse effects on unborn babies.

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